

104TH CONGRESS
1ST SESSION

H. R. 1767

To amend title 38, United States Code, to provide for cost recovery by the Department of Veterans Affairs of the cost of health care delivered to veterans who are eligible for care under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 1995

Mr. HUTCHINSON (for himself, Mr. EDWARDS, and Mr. MONTGOMERY) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committees on Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title 38, United States Code, to provide for cost recovery by the Department of Veterans Affairs of the cost of health care delivered to veterans who are eligible for care under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. MEDICARE COST RECOVERY BY DEPARTMENT**
2 **OF VETERANS AFFAIRS.**

3 (a) IN GENERAL.—(1) Chapter 17 of title 38, United
4 States Code, is amended by inserting after section 1729
5 the following new section:

6 **“§ 1729A. Medicare coverage and reimbursement**

7 “(a) In the case of care for a non-service-connected
8 disability that is provided by the Department to a veteran
9 who is a Medicare-eligible individual, the Secretary of
10 Health and Human Services shall reimburse the Depart-
11 ment health-care facility that (under subsection (b)) pro-
12 vides that care as a Medicare provider or Medicare HMO
13 in the same amounts and in the same manner as that Sec-
14 retary reimburses other Medicare providers or Medicare
15 HMOs, respectively. The Secretary of Health and Human
16 Services shall include with each such reimbursement a
17 Medicare explanation of benefits.

18 “(b)(1) For purposes of subsection (a)—

19 “(A) a Department health care facility provid-
20 ing care to a Medicare-eligible individual for which
21 there is a certification in effect under paragraph (2)
22 shall be deemed to be a Medicare provider; and

23 “(B) a Department health-care facility (or
24 group of facilities) providing care to a Medicare-eli-
25 gible individual for which there is a certification in

1 effect under paragraph (2) shall be deemed to be a
2 Medicare HMO.

3 “(2) The Secretary shall certify to the Secretary of
4 Health and Human Services each year—

5 “(A) a list of all Department health care facili-
6 ties that are to be treated as Medicare providers for
7 purposes of this section; and

8 “(B) a list of all Department health-care facili-
9 ties (or groups of facilities) that are to be treated as
10 Medicare HMOs for purposes of this section.

11 “(3) The Secretary shall certify the lists under para-
12 graph (2) each year based solely upon criteria determined
13 by the Secretary.

14 “(4) The Secretary shall consult with the Secretary
15 of Health and Human Services in seeking ways to improve
16 health care delivery to veterans.

17 “(c) When the Secretary provides care to a veteran
18 for which the Secretary receives reimbursement under this
19 section, the Secretary shall require the veteran to pay to
20 the Department any applicable deductible or copayment
21 under this chapter for such care that is not covered by
22 the Medicare program.

23 “(d) For purposes of this section:

1 “(1) The term ‘Medicare program’ means the
2 health insurance program under title XVIII of the
3 Social Security Act.

4 “(2) The term ‘Medicare-eligible individual’
5 means an individual who is entitled to benefits under
6 part A of the Medicare program.

7 “(3) The term ‘Medicare HMO’ means an eligi-
8 ble organization under section 1876 of the Social Se-
9 curity Act.

10 “(4) The term ‘Medicare provider’ means an in-
11 dividual or entity furnishing items or services for
12 which payments may be made under the Medicare
13 program.”.

14 (2) The table of sections at the beginning of such
15 chapter is amended by inserting after the item relating
16 to section 1729 the following new item:

 “1729A. Medicare coverage and reimbursement.”.

17 (b) EFFECTIVE DATE.—Section 1729A of title 38,
18 United States Code, as added by subsection (a), shall
19 apply with respect to care provided after the date of the
20 enactment of this Act.

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